

# Special Circumstances Program

## Monthly Caseload Movement Statistical Report

**Send one copy of this form to:**

California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P. O. Box 944243  
Sacramento, CA 94244-2430  
Fax # (916) 657-2074

STATEWIDE					COUNTY CODE			REPORT MONTH/YR		
Part A. CASELOAD ACTIVITY	TOTAL (a)	SSI/SSP			IHSS			CAPI		
		AGED (b)	BLIND (c)	DISABLED (d)	AGED (e)	BLIND (f)	DISABLED (g)	AGED (h)	BLIND (i)	DISABLED (j)
1. Applications received in the report month.	1	2	3	4	5	6	7	8	9	10
2. Applications brought forward from previous report month. (Item 4 from previous report month)	11									
3. Applications disposed of during the report month. (The sum of Items 3a. + 3b. + 3c. below)	12									
a. Applications approved in the report month.	13	14	15	16	17	18	19	20	21	22
b. Applications denied in the report month.	23	24	25	26	27	28	29	30	31	32
1) Applications denied in the report month due to lack of SCP funds.	33	34	35	36	37	38	39	40	41	42
c. Other dispositions in the report month.	43	44	45	46	47	48	49	50	51	52
4. Applications carried forward to next report month. (Items 1 + 2 minus 3 above)	53									
5. Number of Approved Applicants who were kept from being institutionalized due to the SCP.	54	55	56	57	58	59	60	61	62	63
Part B. APPROVED SERVICES (Items 6 - 15 below)										
6. Catastrophe (Sum of 6a. + 6b.)	64	10. Supplemental Repair (Sum of 10a. + 10b.)					72			
a. Household furniture and equipment	65	a. Housing					73			
b. Clothing	66	b. Essential appliances					74			
7. Repairs (Sum of 7a. + 7b.)	67	11. Securing Rental Housing					75			
a. Housing	68	12. Home Purchase					76			
b. Essential appliances	69	13. Home Modification					77			
8. Moving Expense	70	14. Payment to Prevent Foreclosure					78			
9. Supplemental Moving Expense	71	15. Total Approved Services (Sum of 6 thru 14 above)					79			
REPORT PREPARED BY:				TELEPHONE				DATE		
				( )						

**SC 12 (3/99) - SPECIAL CIRCUMSTANCES PROGRAM MONTHLY STATISTICAL REPORT**

**CONTENT** - The Budget Act of 1998/99 reinstated the Special Circumstances Program (SCP) to assist clients in a non-recurring emergency situation. The SCP Monthly Caseload Movement Statistical Report collects information from the Special Circumstances Program Application, SSP 4A (dated 1/99) (Reference; EAS 46-425) on the number of applications received, approved and denied for the report month; the number of approved applicants that were kept from being institutionalized due to SCP; the number of applications denied due to the lack of SCP funds; and the number of services approved for the report month. Counties shall report the status of a case at the end of the report month.

**PURPOSE** – This monthly report is to assist the state in making budgetary and program policy decisions regarding the SCP.

**DUE DATE AND SUBMITTAL INSTRUCTIONS** – Reports are to be received in Sacramento on or before the 20<sup>th</sup> calendar day of the month following the report month. Counties should send their report to:

California Department of Social Services Data Systems and Survey Design Bureau, M.S. 9-081 P.O. Box 944243 Sacramento, CA 94244-2430 Fax # (916) 657-2074
---

**DEFINITIONS**

**Application:** When an individual has applied for aid it has been date received and recorded by the county on an intake form SSP 4A. One application equals one case. When more than one member of a family applies for aid, each individual has their own application, own case.

**Report Month:** The county shall use the calendar month or the fiscal month consistently. The term “report month” used throughout the instructions refers to the reporting period used by the County Welfare Department (CWD).

**Applications Approved:** The Notice of Intended Action, SSP 4B, which is completed and mailed to the applicant for SCP benefits within the report month.

**Applications Denied:** The Notice of Intended Action, SSP 4B, which is sent to notify the applicant that he/she is not eligible for SCP benefits within the report month.

**Applications Denied Due to Lack of SCP Funds:** The Notice of Intended Action, SSP 4B, Section “B” - Other category, must have the language, “The funding under the current Fiscal Year Budget Act for this program is no longer available.” This notice is sent to the applicant denying benefits due to the unavailability of funds.

**Supplemental Security Income/State Supplementary Payment (SSI/SSP):** This federal/state cash assistance program is intended to help low-income aged, blind and disabled persons to meet their basic needs.

**In-Home Supportive Services Program (IHSS):** This program provides assistance to eligible aged, blind and disabled individuals who are unable to remain safely in their own homes without this assistance. IHSS is an alternative to out-of-home care.

**Cash Assistance Program for Immigrants (CAPI):** This program establishes a 100 percent state-funded cash assistance program for immigrants who are no longer eligible for SSI/SSP and are aged, blind and/or disabled.

**SCP Categories:** The eligibility categories for SCP are SSI/SSP, IHSS and CAPI.

**Aged:** An individual age 65 or older. Age has been verified by birth certificate, baptismal record or INS documents.

**Blind:** An individual who has statutory (legal) blindness.

**Disabled:** An individual who has a verified disability.

**Institutionalized:** When a recipient must be removed from an unsafe, unhealthful situation and placed into an institution, e.g. board and care facility, hospital, etc.

**Approved Services:** For reporting purposes, Approved Services are considered to have been approved the same date that the application was approved. An application may have more than one service approved.

For definitions of Catastrophe, Repairs, Supplemental Repair, Moving Expense, Supplemental Moving Expense, Securing Rental Housing, Home Purchase, Home Modification, and Payment to Prevent Foreclosure, please refer to CDSS ACL 98-74, dated 9/21/98 or EAS 46-425.2.

### INSTRUCTIONS

Fill out the information requested on the top and bottom of the report form, such as, the county name, county code, report month/year, contact person, telephone and date. This information is helpful for communication purposes. Information for the section below can be taken from the Application and Verification for Special Circumstances Allowance, SSP 4A (1/99). Please enter counts in each of the nine columns (b-j) for Items 1, 3a – 3c, and 5. If there is nothing to report on a line item or cell column, please insert a zero (0) in the applicable line(s) and/or cell(s) of the reporting document. Do not leave a cell blank.

**Column (a):** This column must represent an unduplicated count. Count each person only once even if the person is eligible under more than one program (e.g. IHSS and CAPI).

**Column (b), (e), and (h):** Enter the number of the “aged” individuals in the appropriate program categories.

**Column (c), (f), and (i):** Enter the number of the “blind” individuals in the appropriate program categories.

**Column (d), (g), and (j):** Enter the number of the “disabled” individuals in the appropriate program categories.

**Columns (b) through (j):** One individual may be counted as aged, blind or disabled under more than one program category (SSI/SSP, IHSS, and CAPI) depending on their eligibility.

1. **Applications received in the report month:** Enter the number of applications received in the report month.
2. **Applications brought forward from previous report month:** Enter the number of applications carried forward from Item 4 from previous report month.
3. **Applications disposed of during the report month:** Enter the sum of Items 3a, 3b, and 3c below.
  - a. **Applications approved in the report month:** Enter the number of applications that were **approved in the report month**. (The applications may or may not be approved in the same month they are received.) [Refer to SSP 4A, Item 3a, page 4]
  - b. **Applications denied in the report month:** Enter the number of applications that were **denied in the report month**. (The applications may or may not be denied in the same month they are received.) [Refer to SSP 4A, Item 3b, page 4] **Note:** This number is an unduplicated count.
    - 1) **Applications denied in the report month due to the lack of SCP funds:** Item 3b1) is subset of Item 3b above. Enter the number of applications denied due to the lack of SCP funds in the report month. [Refer to the definition above]
  - c. **Other dispositions in the report month:** Other dispositions in the report month would be those applications withdrawn or cancelled due to death or other circumstances. [Refer to SSP 4A, Item 3c, page 4]

4. **Applications carried forward to next report month:** The sum of applications received (Item 1) plus Applications brought forward from last report month (Item 2) minus Applications disposed (Item 3) within the report month. (Items 1 + 2 minus 3 above)
5. **Number of Approved Applicants who were kept from being institutionalized due to the SCP:** Enter the number of approved applicants who were kept from being institutionalized due to SCP in the report month. [Refer to SSP 4A, Item 4, page 4]

For Items 6 through 15, please enter the count of the approved services by category for the report month. Count each approved service category (or subsets for Items 6, 7, and 10) only once for each approved application. For an example of counting services by category, refer to All County Letter (ACL) 99-31. **For definitions for this section refer to ACL 98-74, dated 9/21/98, or to EAS 46-425.**

6. **Catastrophe:** Enter the sum of 6a + 6b below for the report month. [EAS 46-425.61]
  - a. **Household furniture and equipment:** Enter the count of approved services for household furniture and equipment for the report month.
  - b. **Clothing:** Enter the count of approved services for clothing for the report month.
7. **Repairs:** Enter the sum of 7a + 7b below for the report month. [EAS 46-425.63]
  - a. **Housing:** Enter the count of approved services for housing repairs for the report month.
  - b. **Essential appliances:** Enter the counts of approved services for repair of essential appliances for the report month.
8. **Moving Expense:** Enter the count of approved services for packing, storage and moving expenses for the report month. [EAS 46-425.65]
9. **Supplemental Moving Expense:** Enter the count of approved services for securing suitable housing due to eviction or unsafe/unhealthful housing for the report month. [EAS 46-425.66]
10. **Supplemental Repair:** Enter the sum of 9a + 9b below for the report month. [EAS 46-425.64]
  - a. **Housing:** Enter the count of approved services for supplemental housing repairs for the report month.
  - b. **Essential appliances:** Enter the count of approved services for supplemental essential appliance repairs for the report month.
11. **Securing Rental Housing:** Enter the count of approved services for secured rental housing for the report month. [EAS 46-425.6622]
12. **Home Purchase:** Enter the count of approved services for home purchase for the report month. [EAS 46-425.663]
13. **Home Modification:** Enter the count of approved services for the home modifications. [EAS 46-425.67]
14. **Payment to Prevent Foreclosure:** Enter the count of approved services towards the payments to prevent foreclosure for the report month. [EAS 46-425.68]
15. **Total Approved Services:** Enter the sum of Items 6 through 14 above for the report month.

County Comments: If the county is unable to provide final counts in one or more data cells transmit a report by the due date containing all current information. Indicate in the comments on the reverse side of the SC 12 (3/99) or submit as an attachment which data cells will be revised or updated and when the department can expect to receive the final report.